

Name
in
Full

Mashel Leon Brattin

CERTIFICATE OF DEATH

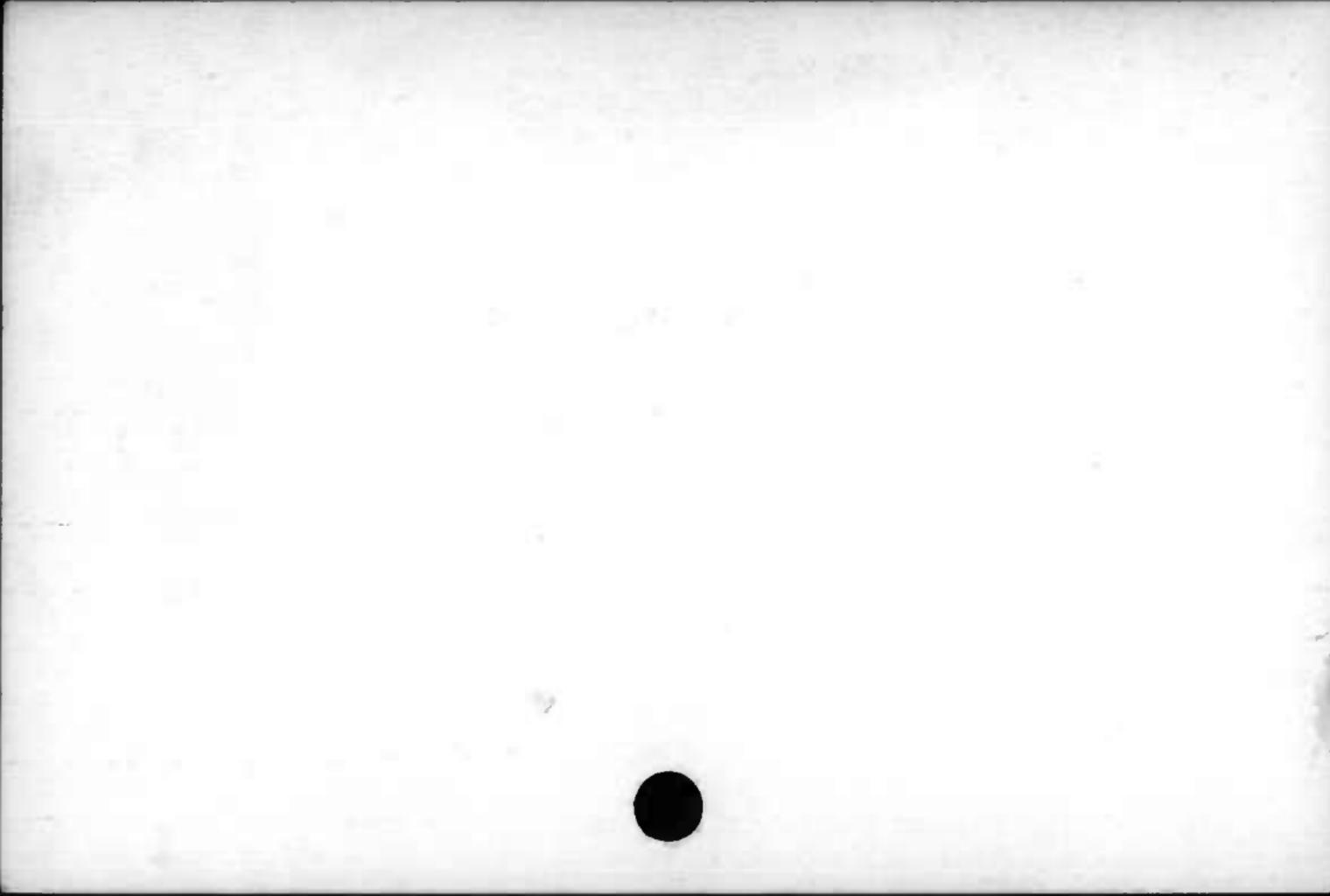
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death 1903	Month Sept	Day 7.	Years Age 14	Months —	Dey's —
Sex Female	Color or Race	Female		Birth- place Worchester	
Married, Single or Widowed Single	Occupation House girl				
Name of Wife or Husband					
Father's Name Charlie Brattin			Father's Birthplace Worchester		
Mother's Maiden Name Sarah Brattin			Mother's Birthplace Worchester		
Name of person giving Information Charlie Brattin			How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Consumption	How long 3 months
Immediate No.	How long 1 month
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician William S. Williams
Snow Hill	Address Worcester County Maryland
Accident or Suicide?	



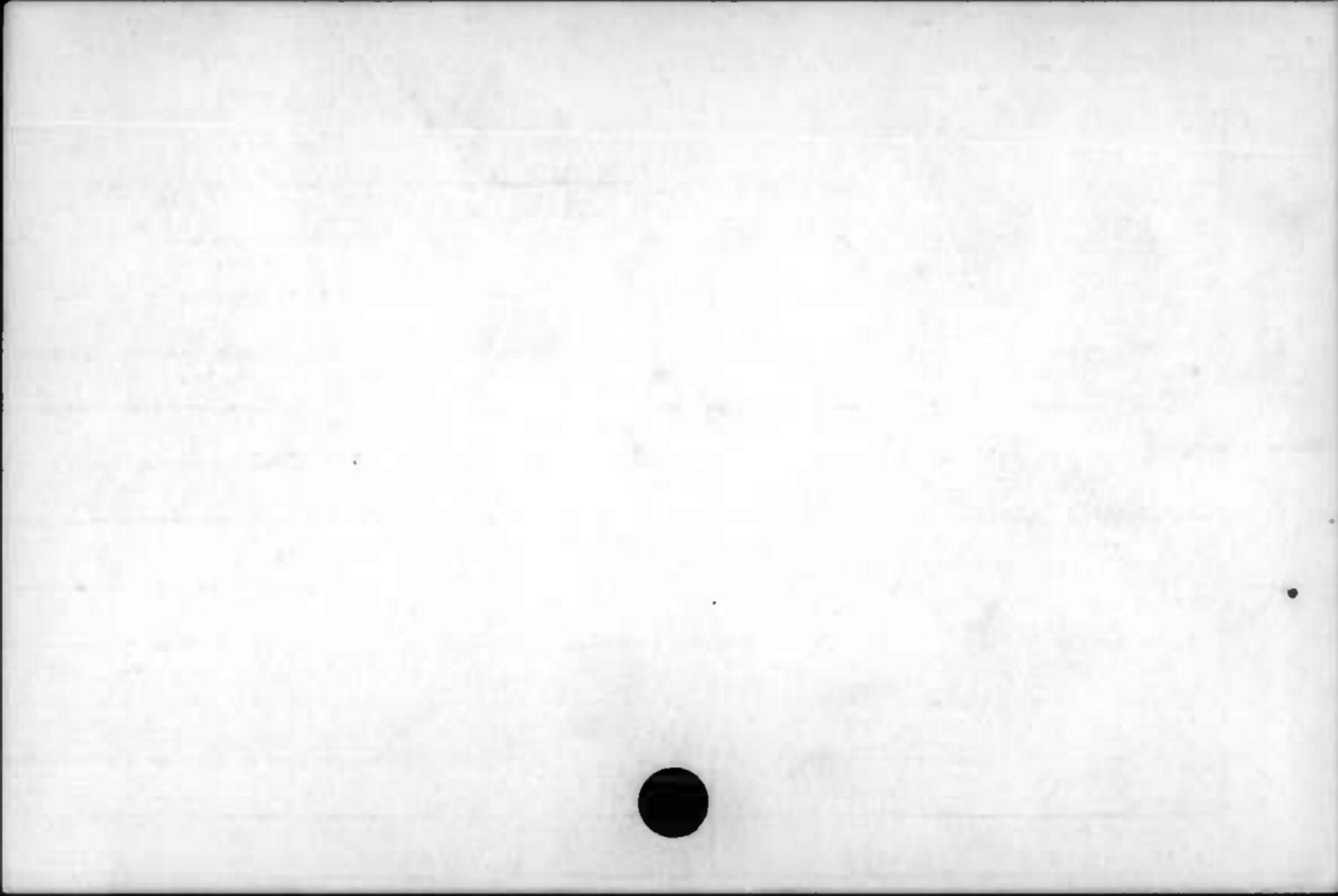
Name
in
Full

CERTIFICATE OF DEATH

Died at		Town <u>Stockton</u>	County <u>Winchester</u>	MARYLAND	
Date of death	1908	Month <u>Sept</u>	Day <u>24</u>	Age <u>70 years</u>	Months Days
Sex	<u>Female</u>	Color or Race <u>white</u>	Occupation	<u>Stockton</u>	
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	<u>W. K. Buston</u>		10	Father's Birthplace	<u>Med.</u>
Mother's Maiden Name	<u>A. M. Hancock</u>		8	Mother's Birthplace	<u>Med.</u>
Name of person giving Information	<u>W. R. Buston</u>			How related to deceased	<u>Father</u>
CAUSES OF DEATH					

PHYSICIAN
OR CORONER

Primary	Multifocal ulcer Tinea mania	How long 10 days How long 6 days
Immediate		
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician J D Winkler Address Stockton Worcester Co Md
Accident or Suicide?		



Name
in
Full

Pearl S. Collier

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County					
Died at Poemtke city -	Maryland					
Date of death 1903	Month Sept	Day 17	Years	Months	Days	
Sex Female	Color or Race Colored	Occupation Singer	Birth-place Poemtke City			
Married, Single or Widowed Single	Father's Name Josie M. Collier	Mother's Maiden Name Legie A. Maroldae	Name of person giving Information Josie M. Collier	Father's Birthplace Poemtke City	Mother's Birthplace Accmack Va	How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Head - Face How long 2 days

Immediate " " How long " "

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Mrs

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Albert Commer

CERTIFICATE OF DEATH

MARYLAND

Died at <u>near Snow Hill</u>		County <u>Worcester</u>			
Date of death 1903	Month Sept	Day 29	Years Age 86	Months 10	Days 24
Sex <u>Male</u>	Color or Race <u>White</u>	Occupation <u>Hammer</u>		Birth-place <u>Worcester Co.</u>	
Married, Single or Widowed <u>Married</u>					
Name of Wife or Husband <u>Elizabeth Commer</u>					
Father's Name <u>Fredrick Commer</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u></u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>C. E. Commer</u>			How related to deceased <u>Nephew</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption

How long

several years

Immediate

Exhaustion from debility

How long

2 months

Are the name, age, sex, color, date and place correctly given above?

yes

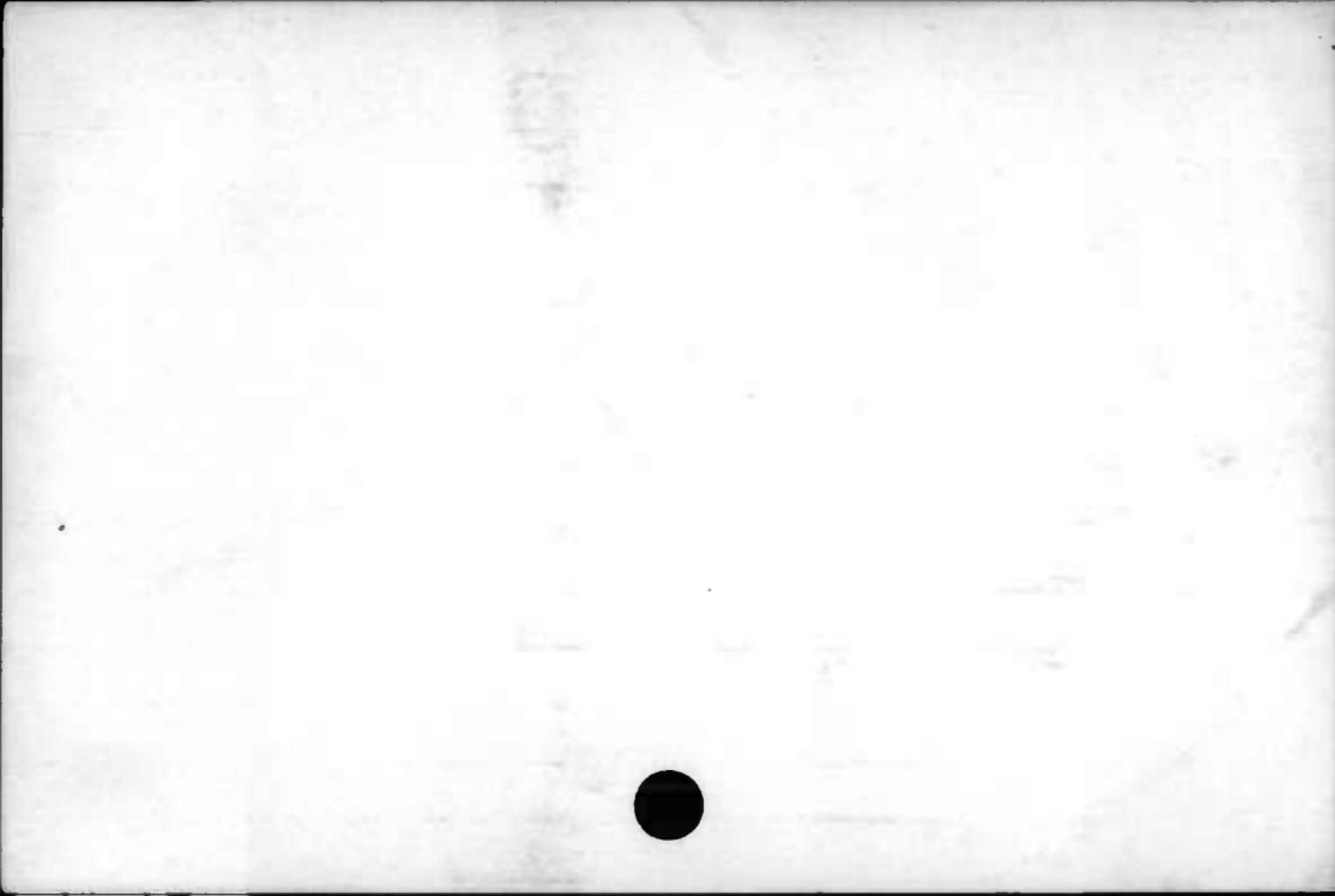
Signature of Physician

Address

Dr. D. Strangher

Snow Hill Md

Accident or Suicide?



Name
in
Full

Rachel Crippen

CERTIFICATE OF DEATH

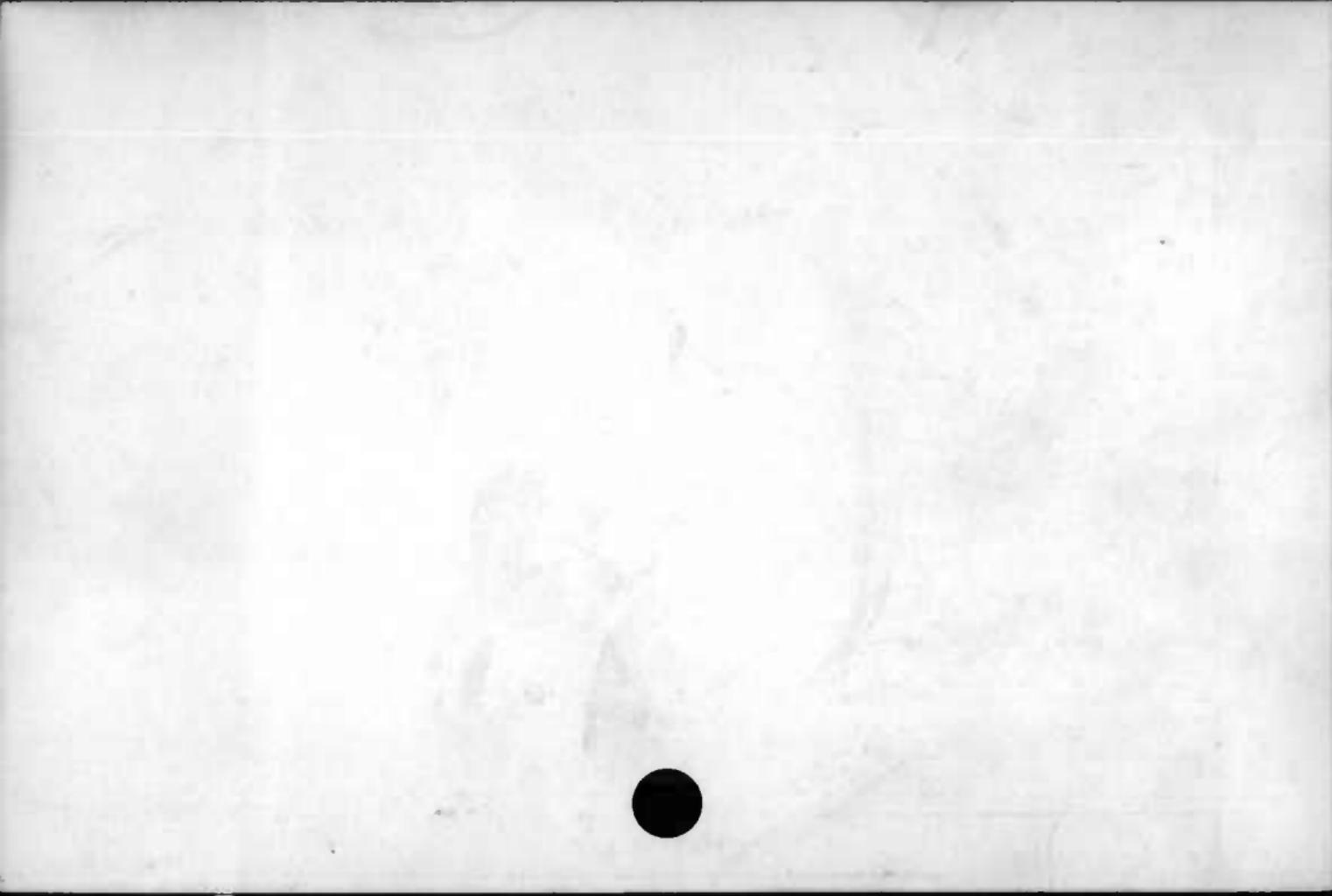
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Sept	Day 16	Age 57	Years	Months Days
Sex Female	Color or Race colored	Occupation Housewife	Birth-place Accomac Co Va		
Married, Single or Widowed widow					
Name of Wife or Husband John Crippen					
Father's Name Jas Gillett			Father's Birthplace Accomac Co Va		
Mother's Maiden Name Sutherland Gillett			Mother's Birthplace " "		
Name of person giving information Florence Crippen			How related to deceased Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diseased Liver	How long Don't know
Immediate	Indigestion & Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Samuel J. Guinn
		Address Peconic City
Accident or Suicide?		



Name
in
Full

Charlotte A Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Sept	Day 1	Years 49	Months —	Days —
Sex Female	Color or Race White	Occupation Housewife	Birth-place Worcester		
Married, Single or Widowed Married	Leyus W. Davis		Father's Name	Father's Birthplace	
Name of Wife or Husband			Mother's Name	Mother's Birthplace	
Father's Name			How related to deceased		Husband
Mother's Maiden Name					
Name of person giving information	Leyus W. Davis				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Heart Failure

How long

Year

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

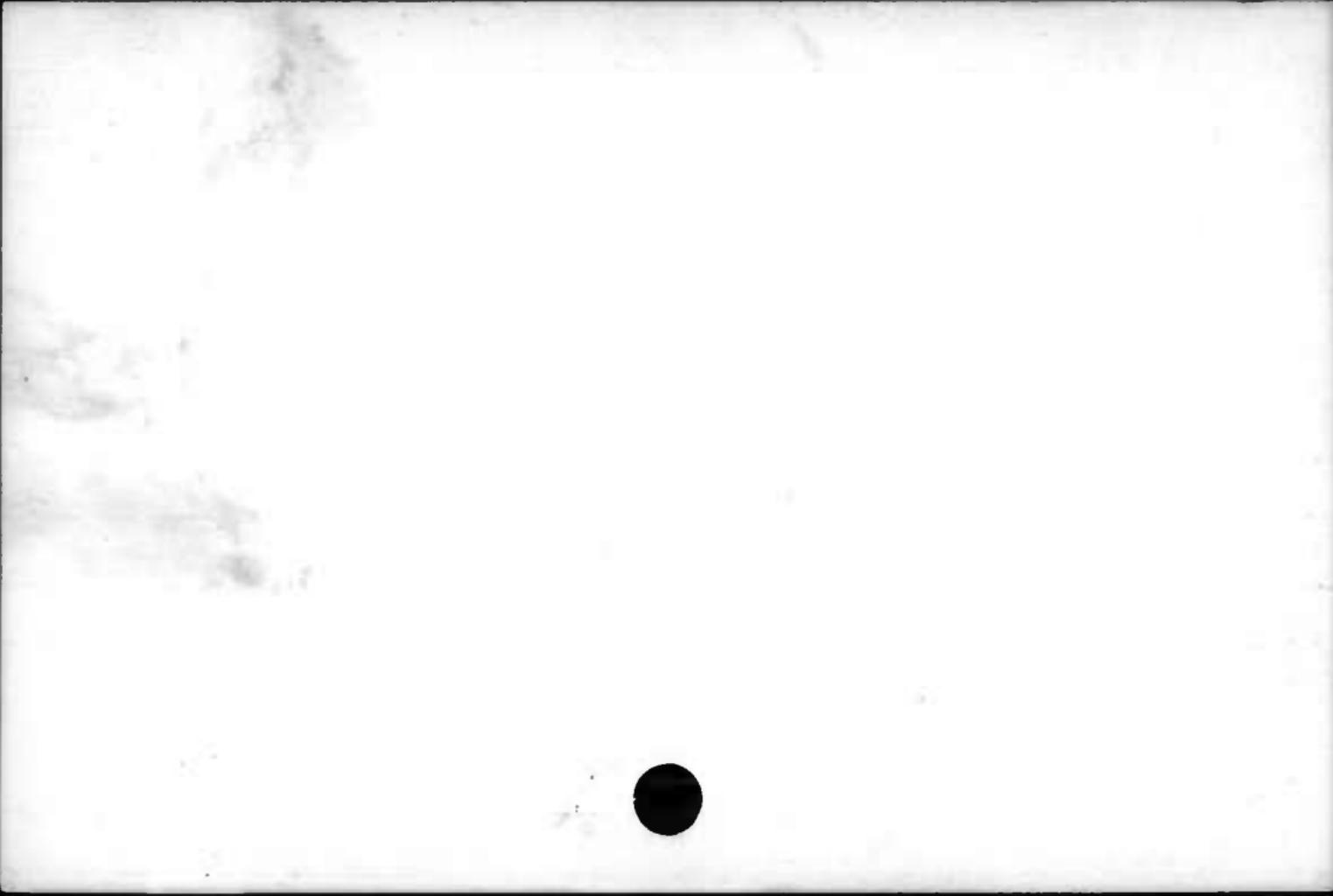
Yes

Signature of Physician

Address

Dr J. C. Dunham
Berlin Md

Accident or Suicide?



Name
in
Full

Joshua L. Dryden

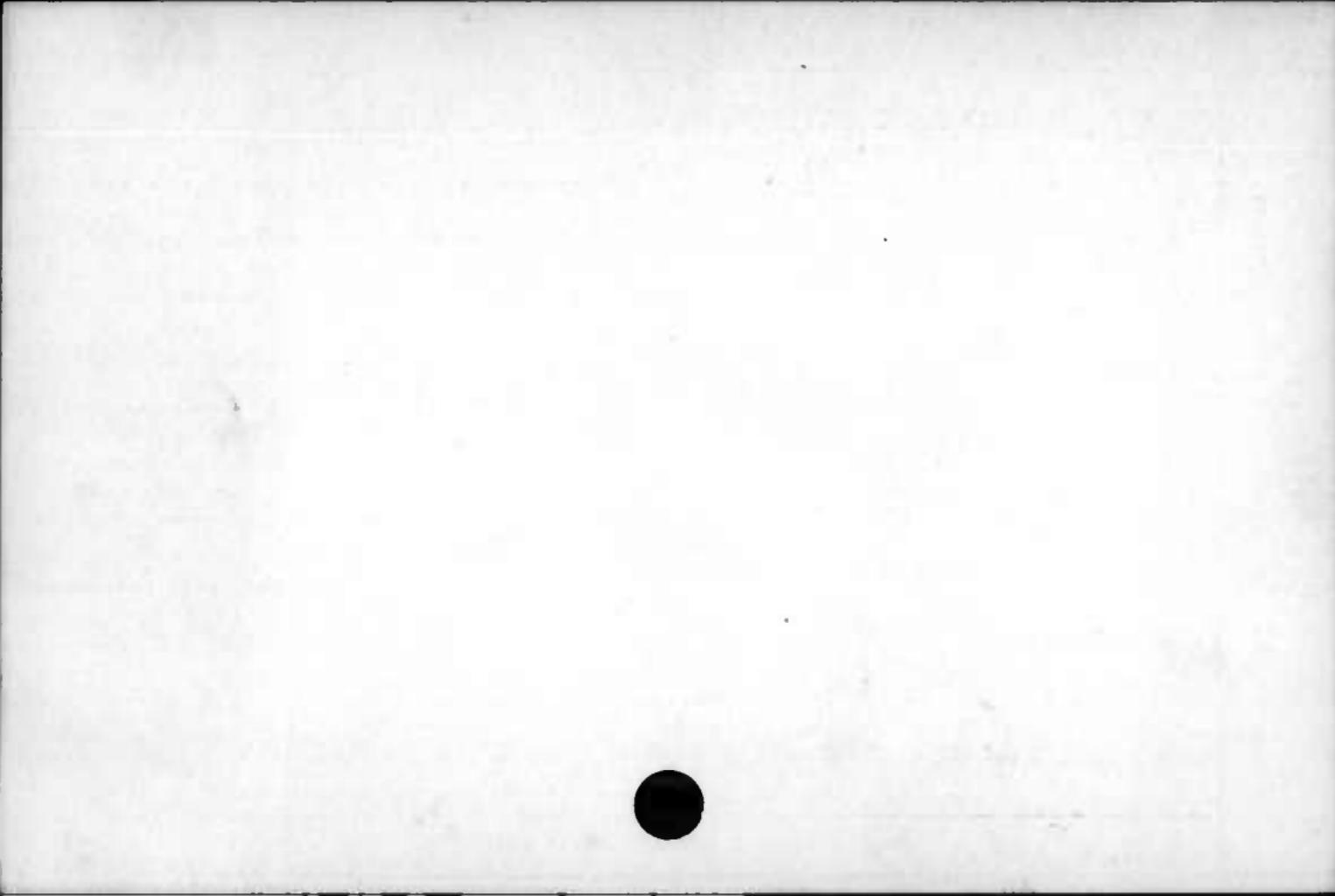
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1903	Month 9	Day 23	Age 67	Years 2	Months 2	Days 15
Sex	Male	Color or Race	White	Birth-place Worsham & Md			
Married, Single or Widowed	Married	Occupation		Carter			
Name of Wife or Husband	Alessalia Dryden wife						
Father's Name	John Dryden						
Mother's Maiden Name	Eliza Brownhoe						
Name of person giving Information	How related to deceased						

CAUSES OF DEATH

Primary	Nephritis		How long 10 months
Immediate	Exhaustion following diarrhoea		How long 10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H.H. Willis	Address Pocomoke City Md.
Accident or Suicide?			



Name
in
Full

William T. Dukes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Sept	Day 24	Years 70	Months	Days
Sex male	Color or Race	Occupation	Waverly Co		
Married, Single or Widowed	Single		Father's Name	Breckinridge	
Name of Wife or Husband			Mother's Maiden Name	" "	
Father's Name	Mrs. Dukes		Mother's Maiden Name	" "	
Mother's Maiden Name	Sadie Dayville		Name of person giving information	How related to deceased	
Name of person giving information	Ranmield Hall		Ranmield Hall	Half sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
---------	----------

Immediate	How long
-----------	----------

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

They are

Address

A. L. Hancock
Stockton
Md

Accident or Suicide?



Name
in
Full

Wm L. Fisher

CERTIFICATE OF DEATH

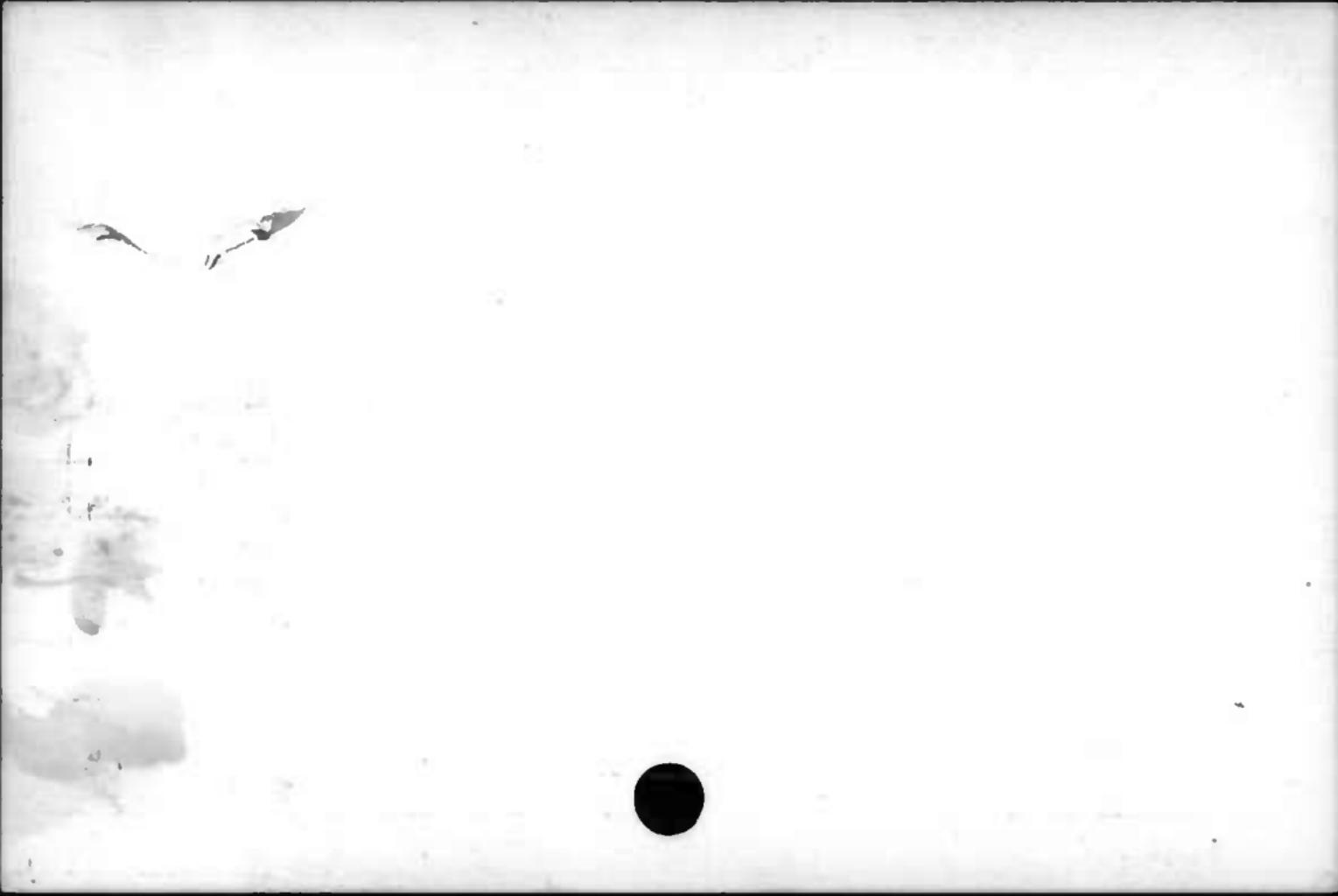
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Birth- place			
Married, Single or Widowed	Occupation				
Name of Wife or Husband	None				
Father's Name	Wm L. Fisher				
Mother's Maiden Name	Nancy				
Name of person giving Information	John Holston				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption		How long
Immediate			5 mo
Are the name, age, sex, color, date and place correctly given above?	Yrs	Physician Address	Dr R P Collins Bishopville Md
Accident or Suicide?			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

George H. Hill

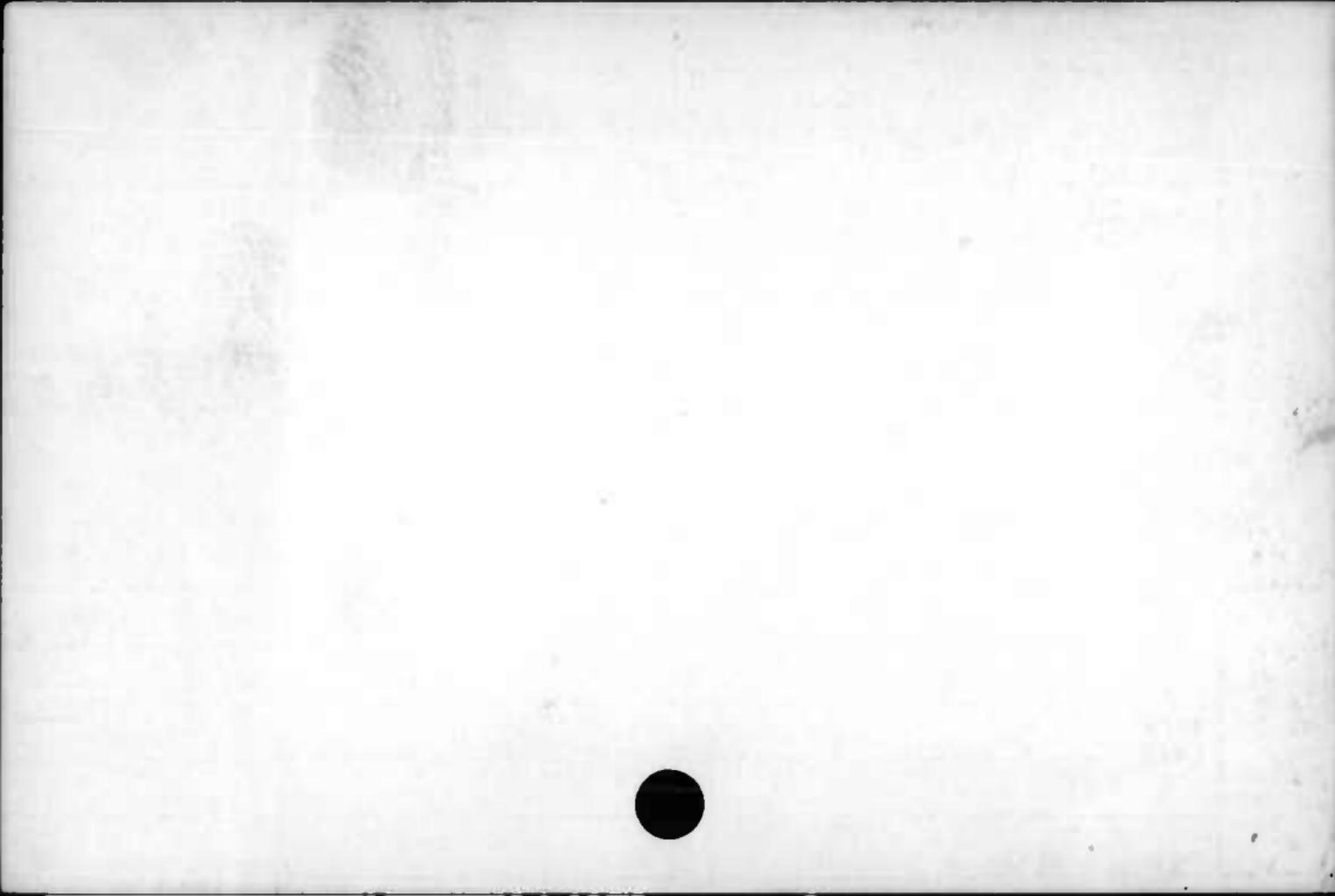
CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND			
Date of death 190	Month 3	Day 28	Years 83	8	Months	14 Days
Sex Male	Color or Race White	Birth- place Md				
Married, Single or Widowed Married	Occupation Farmer					
Name of Wife or Husband Elizabeth Hancock						
Father's Name William Hill	-			Father's Birthplace Md		
Mother's Maiden Name Rodah Hill	J			Mother's Birthplace Md		
Name of person giving Information Borth Hill	J			How related to deceased Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pyelo-raphitis	How long 21 Weeks
Immediate	Cardiac Embolism	How long 24 hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician C.S. Bunnings M.D.	
Giddings	Address Storckster, Co.	
Accident or Suicide?	—	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

John B. Hall

CERTIFICATE OF DEATH

MARYLAND

Died at <u>New Bellville</u>		County <u>Worcester</u>			
Date of death <u>1903</u>	Month <u>Sept</u>	Day <u>21</u>	Age <u>70</u>	Years	Months Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>Carpenter</u>				
Name of Wife or Husband <u>Louise A. Morris</u>					
Father's Name <u>Lewis Hall</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Catharine Hall</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving Information <u>Painter Watson</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart Disease & Drowsy

How long

6 months

Immediate

No

How long

6 months

Are the name, age, sex, color, date and place correctly given above?

yes

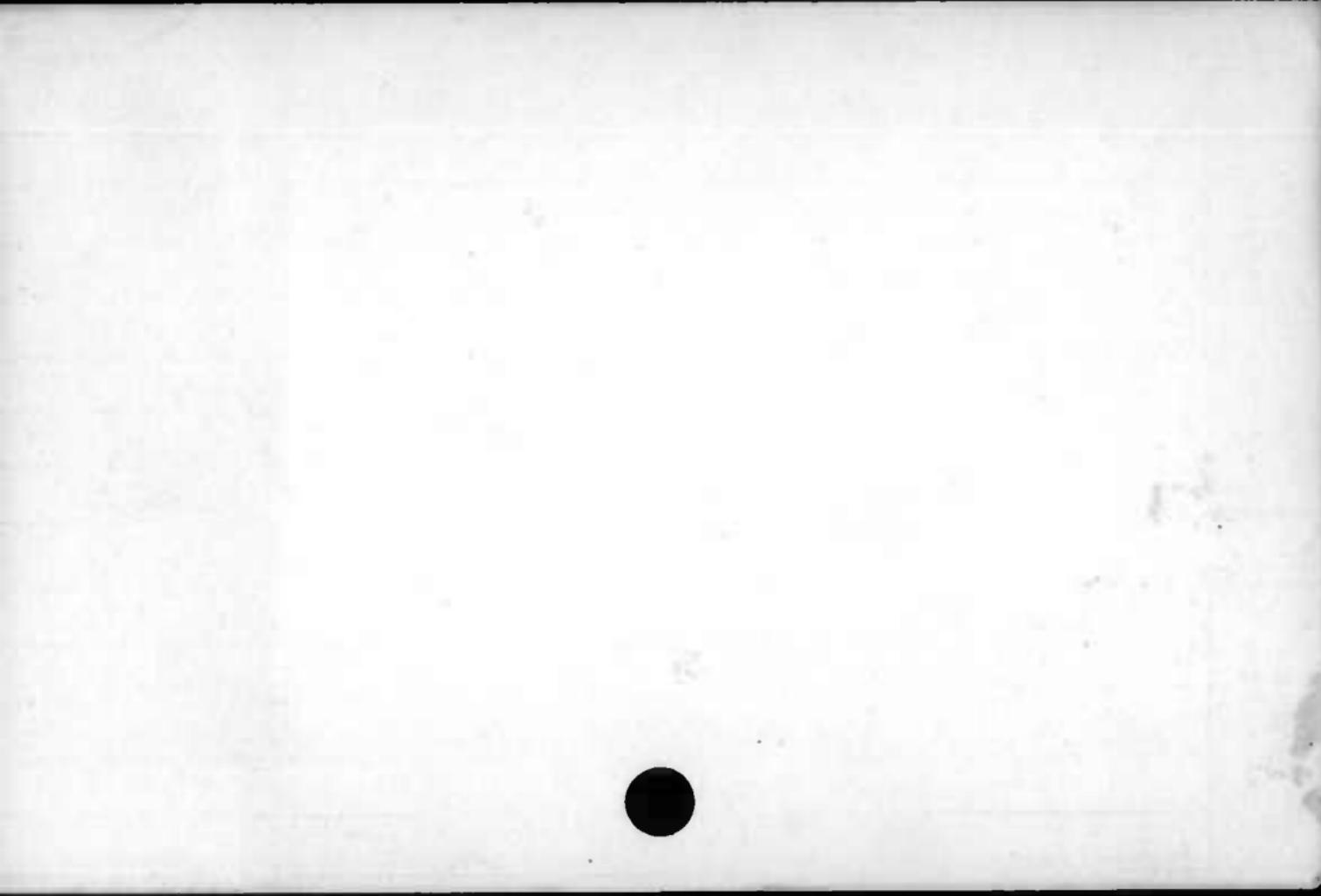
Signature of Physician

[Redacted]
Address

Accident or Suicide?

No

P. Acyus Bishopville, Md.



Name
in
Full

Burley Bishop Hollance

CERTIFICATE OF DEATH

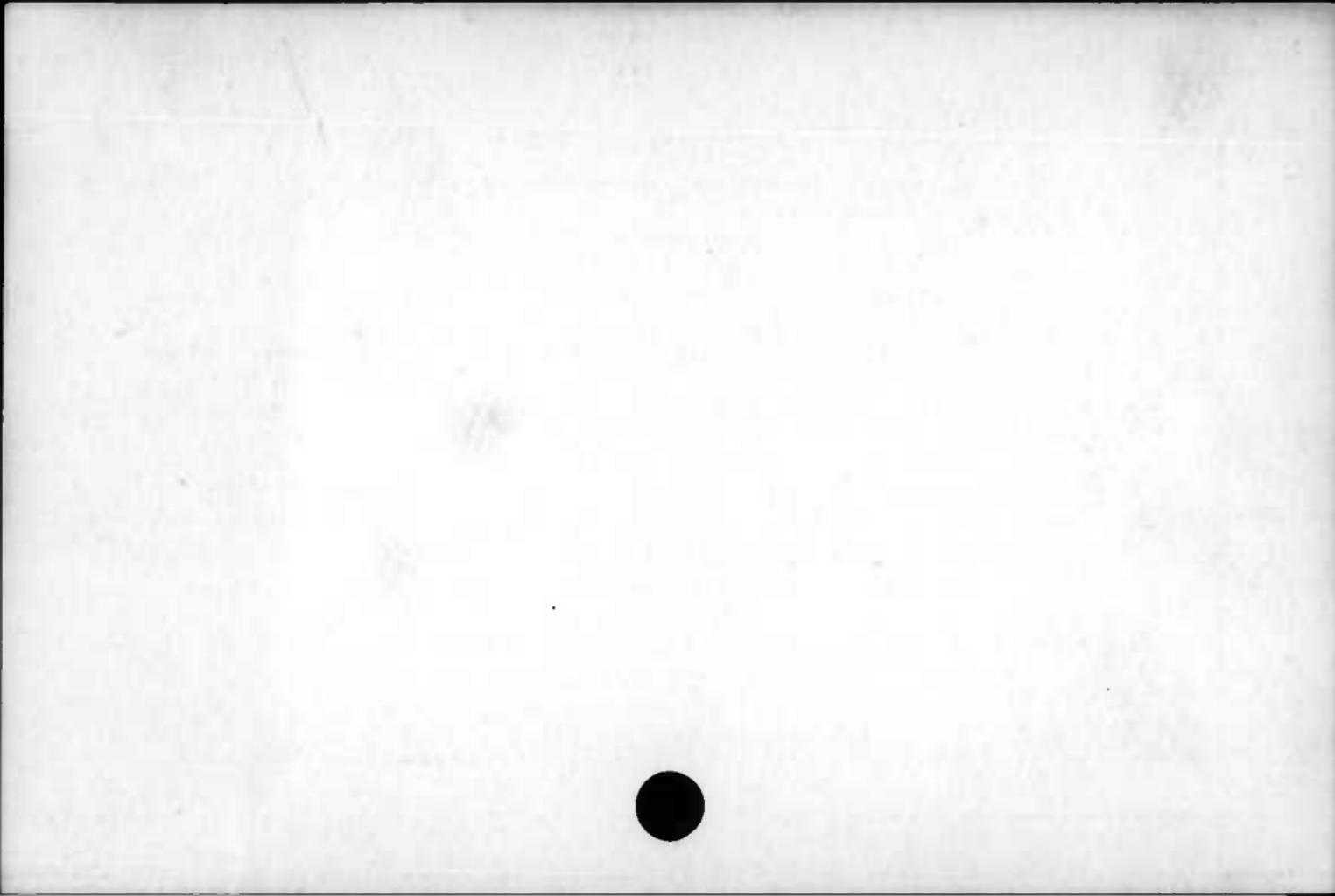
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	near Baltimore City	Worcester			
Date of death 1903	Month Sept	Day 27	Years	Months	Days
Sex	Color or Race	Black	Birth-place	Worcester	
Married, Single or Widowed	Occupation	Single None			
Name of Wife or Husband	Henry Hollance				
Father's Name	Henry Hollance				
Mother's Maiden Name	Harris - Cuttraw				
Name of person giving Information	Henry Hollance				
Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Fistulæ		How long	2 Weeks
immediate	Exhaustion		How long	2 Weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	None.
			Address	
Accident or Suicide?				



Emma Hovier

Town

County

MARYLAND

Died at

Piney grove

Worcester

Month

Day

Y.

M.

D.

Native of

Md. Occupation

Date 1903

Sept. 24th

Age 30

—

—

—

—

Worcester Co. Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

two

Husband of

Elijah A. Hovier

Wife

John A. Atkins

Mother's

Father's Name

Maiden Name

Cause of

Primary

supposed to have had

How long sick

Death

Immediate

consumption of bowells

Accident, Suicide, Homicide

Reported by

Geo. C. Hill

Address

Salisbury Maryland Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dr. Paul Jones
of Snow Hill
attended her in
her last sickness

L. C. H.

Name
in
Full

Emma James

CERTIFICATE OF DEATH

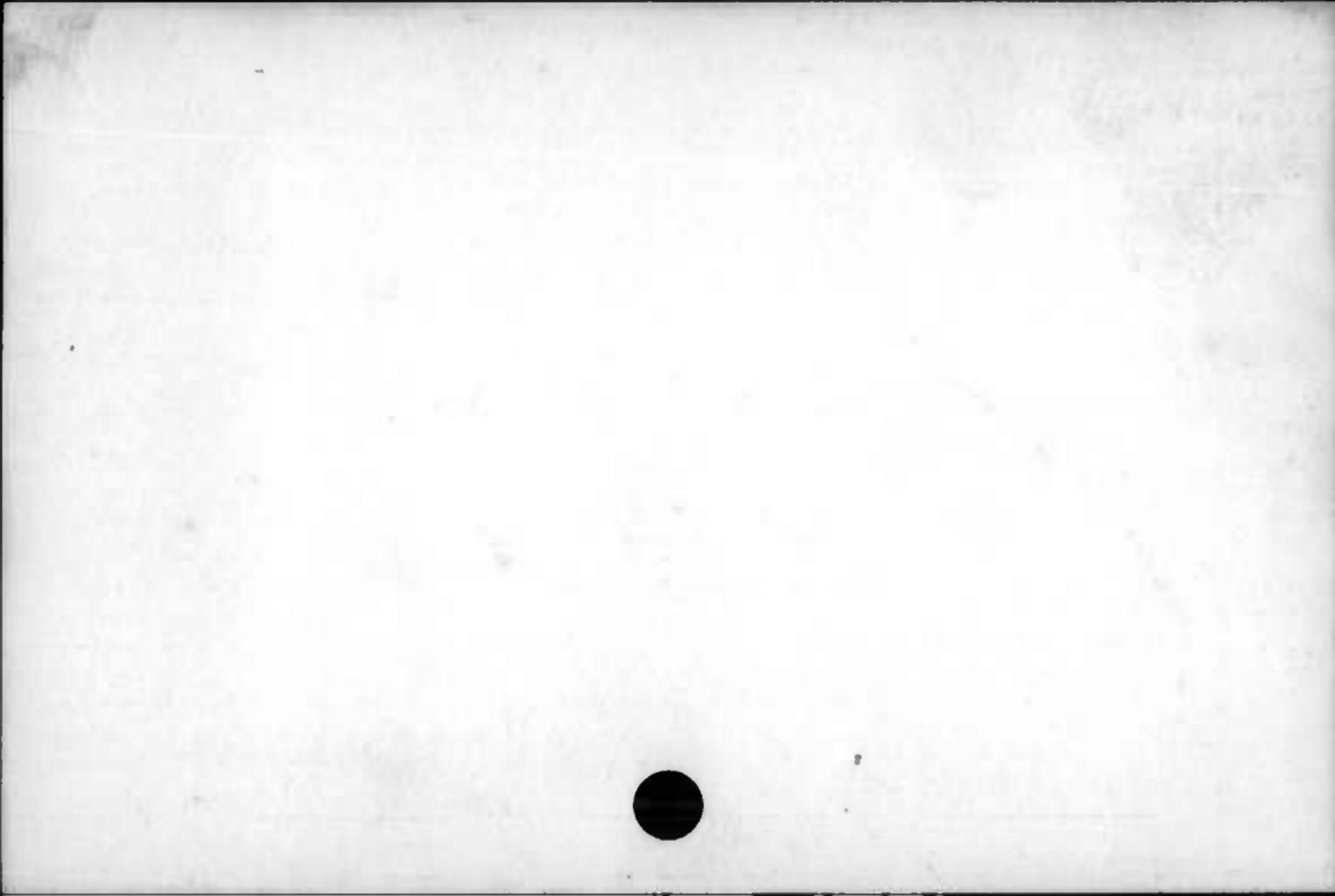
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Sept	Day 18	Age 35	Years	Months Days
Sex Female	Color or Race Calvord	Occupation widow	Birth-place Pawmokatzy		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Saml James		Father's Birthplace	Somerset Co	
Mother's Maiden Name	Noah Buttry		Mother's Birthplace	Pawmokatzy	
Name of person giving Information	Sarah J Jackson		How related to deceased	Conneryon	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever	How long	3 weeks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Saml S Guinn
		Address	Pawmokatzy, Md
Accident or Suicide?			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

infant son name

CERTIFICATE OF DEATH

Died <u>near Snow Hill</u>		Town	County <u>worcester</u>		MARYLAND	
Date of death 1903	Month Sept	Day 28	Years	Age	Months 2	Days 28
Sex <u>female</u>	Color or Race <u>white</u>	Occupation		Birth-place <u>Md</u>		
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name <u>W E Massie</u>				Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Faura Nichols</u>				Mother's Birthplace <u>Md.</u>		
Name of person giving Information <u>W E Massie</u>				How related to deceased <u>grandfather</u>		

CAUSES OF DEATH

Primary

still born

How long

—

Immediate

How long

—

Are the name, age, sex, color, date and place correctly given above?

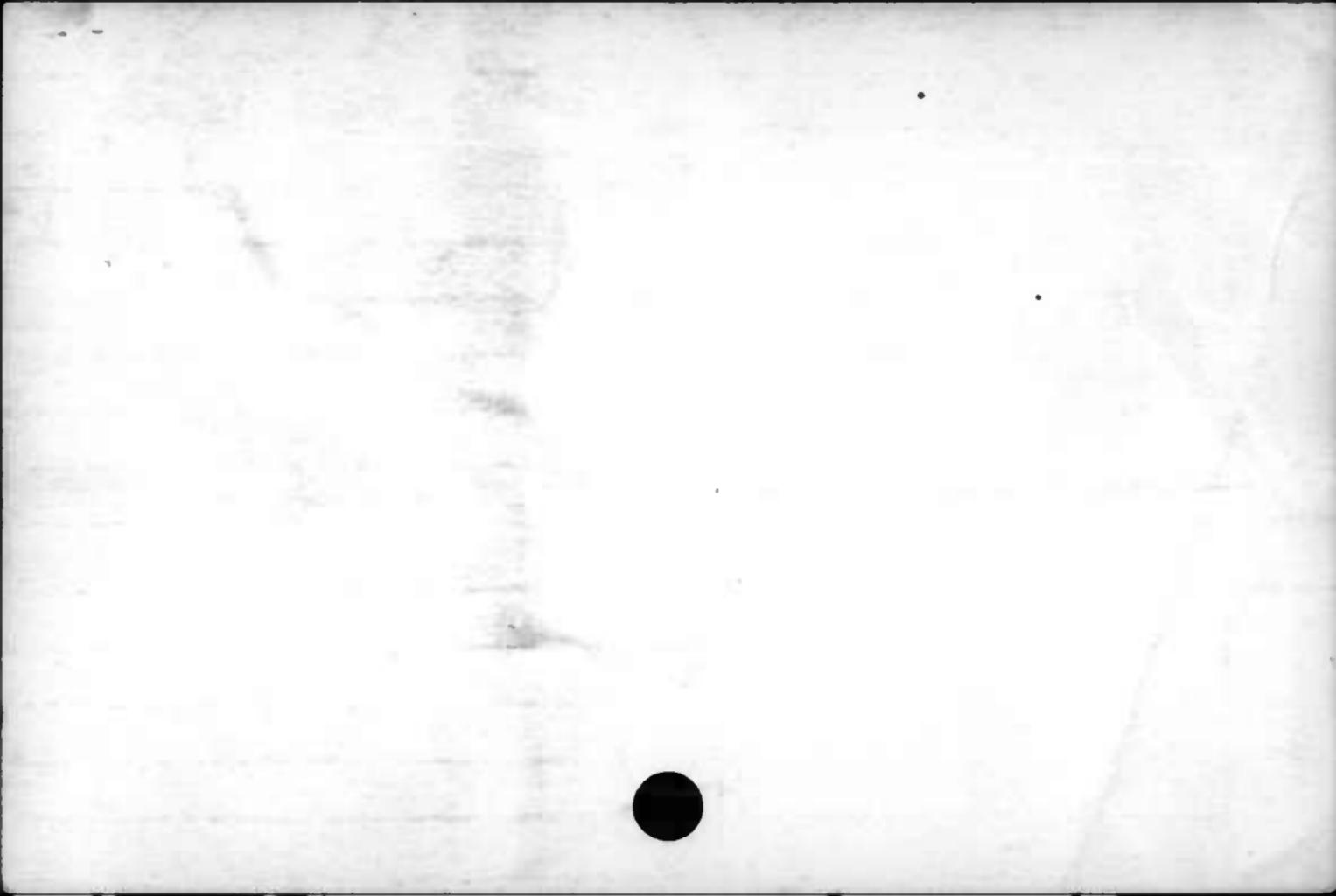
Signature of Physician

Address

Wm E Massie

Snow Hill Md

Accident or Suicide?



Name
in
Full

Bell Pitts

CERTIFICATE OF DEATH

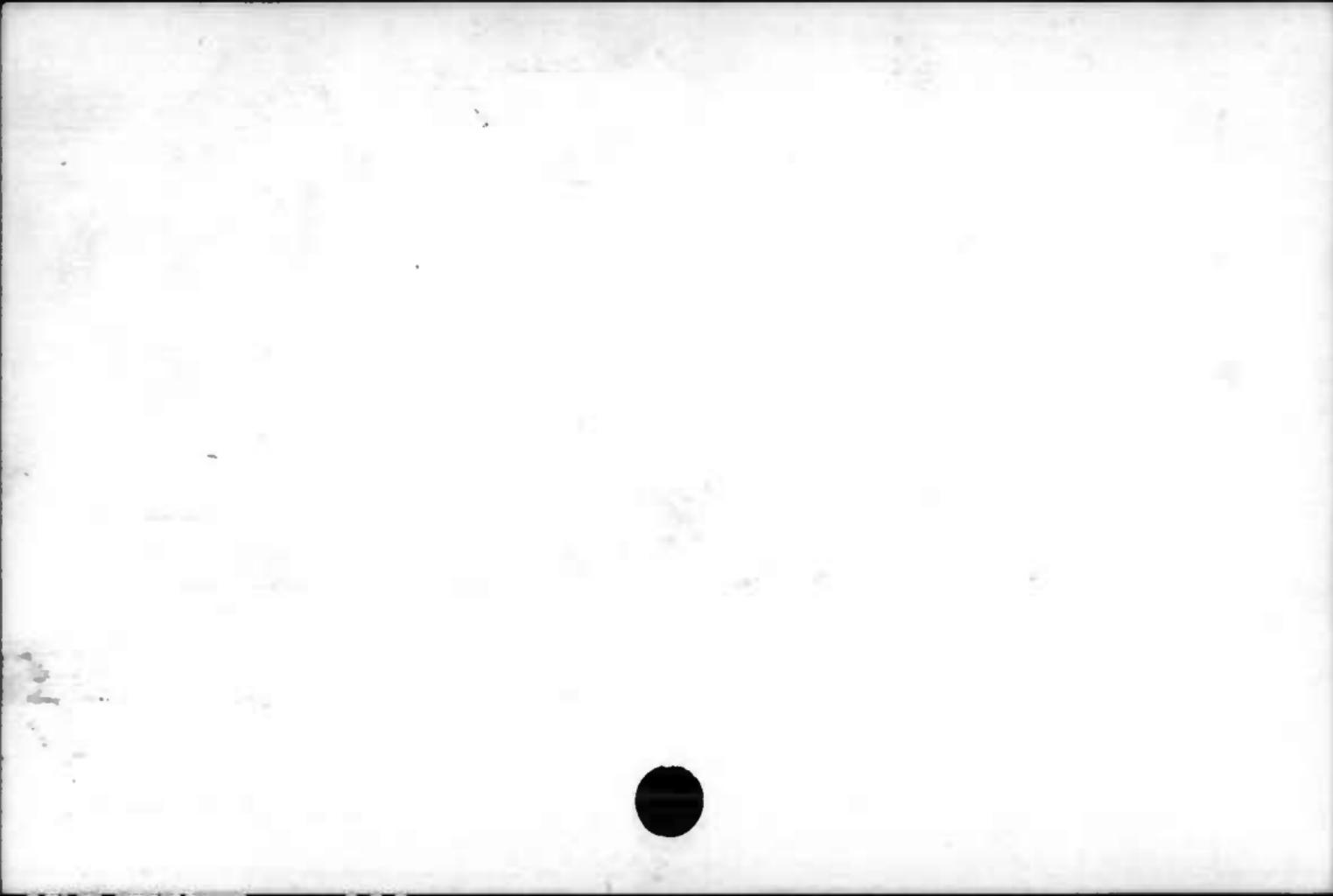
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			MARYLAND	
Date of death 1903	Month Left	Day 30	Age 47	Years	Months	Days
Sex Female	Color or Race Black				Birth-place Berlin	
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	Isaac Shorrell Jr			Father's Birthplace Shorrell		
Mother's Maiden Name	Thelma Pitts - H			Mother's Birthplace Berlin		
Name of person giving information	Henry Pitts -			How related to deceased Bro		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Uterine Carcinoma	How long	aprx
Immediate	Rectal involvement	How long	severndays
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	C. W. D. Shorrell	
	Address	Berlin Md	
Accident or Suicide?			



Name
in
Full

Harry H. Pitts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death 1903	Month	Day	Age	Years	Months	Days	
Sex	Male	Color or Race	Bk				
Married, Single or Widowed			Occupation				
Name of Wife or Husband	Wm. J. Pitts		Day Hand				
Father's Name	Frank Pitts		Worcester				
Mother's Maiden Name			Worcester				
Name of person giving information	Frank Pitts		Wife				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid fever

How long

5 weeks

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

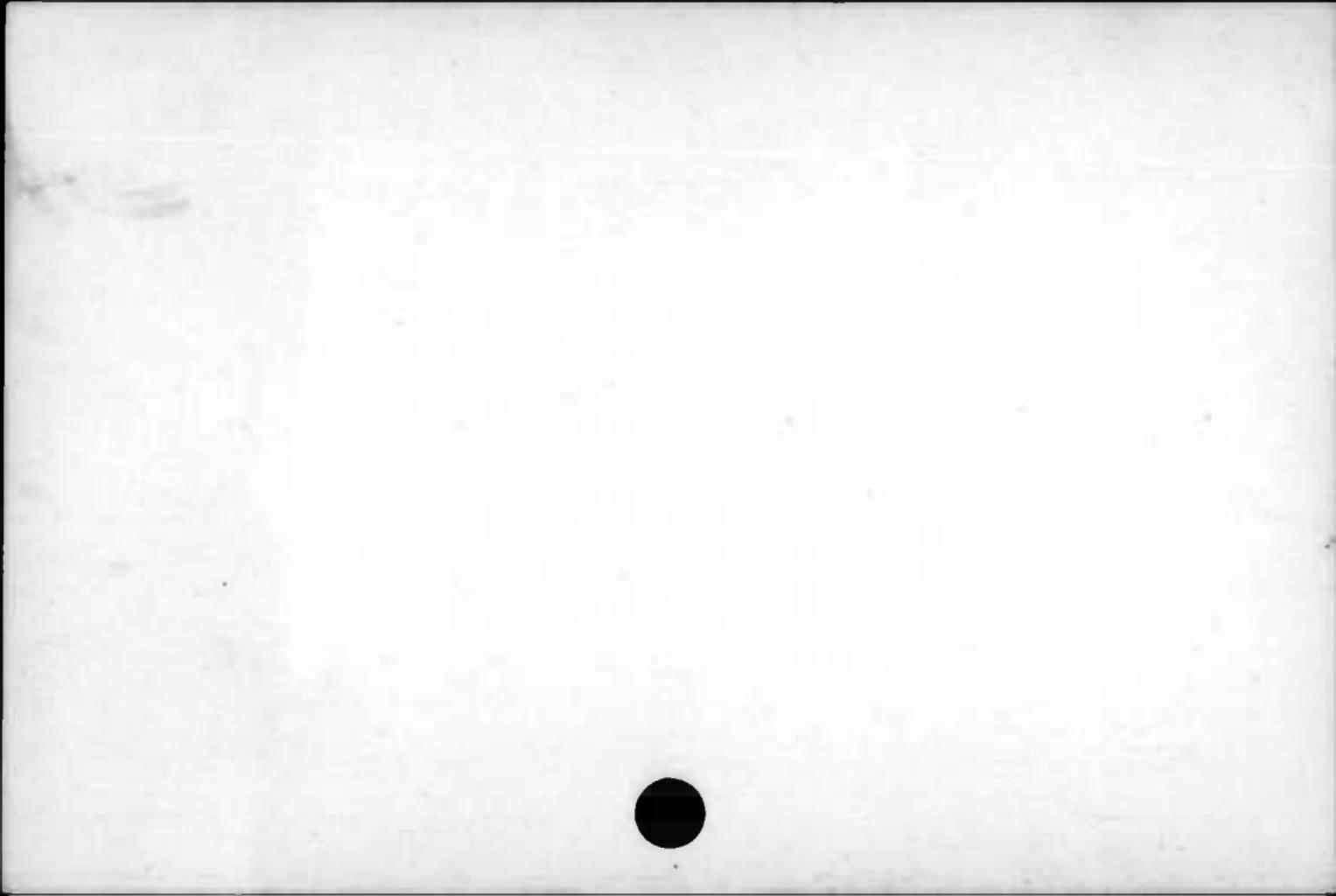
yes

Physician

Address

Dr. Cyrus Dickinson
Berlin, Md.

Accident or Suicide?



Name
in
Full

Ida. Penruell

CERTIFICATE OF DEATH

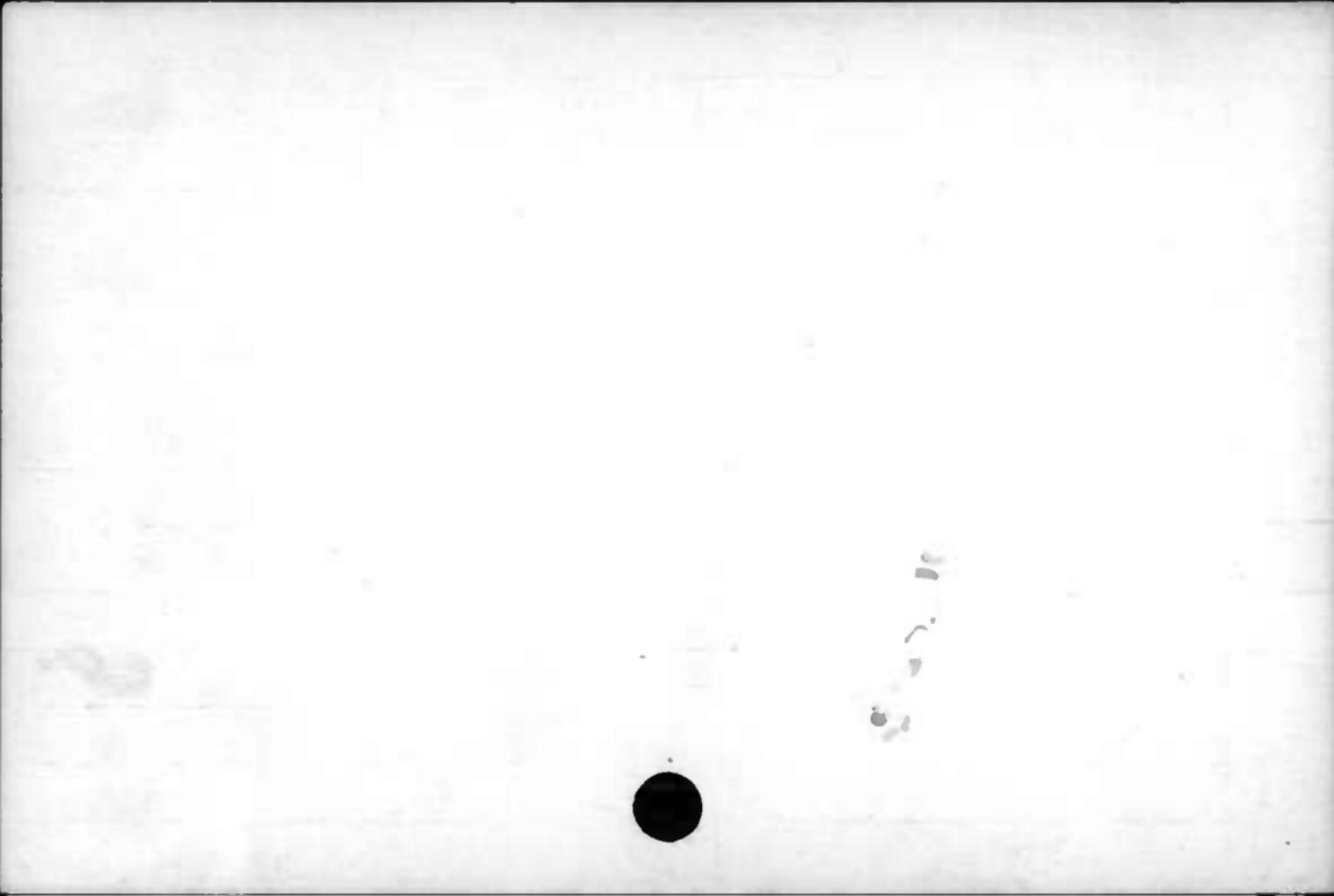
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>White Berg</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death 190 <u>9</u>	Month <u>Sept</u>	Day <u>8</u>	Age <u>about 40 yrs</u>	Years	Months Days
Sex <u>female</u>	Color or Race <u>white</u>				Birthplace <u>Bd.</u>
Married, Single or Widowed <u>Married</u>	Occupation				
Name of Wife or Husband <u>Z Thomas Penruell</u>				Father's Name <u>Bing. Dennis</u>	Father's Birthplace <u>Bd</u>
Mother's Maiden Name <u>Feeby Dennis</u>				Mother's Birthplace <u>Bd</u>	How related to deceased
Name of person giving information					

CAUSES OF DEATH

Primary	How long
Immediate <u>Consumption</u>	How long <u>8 yrs</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

David S. Reese

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
1903	Sept	13	Age	3	13
Sex	Color or Race	Occupation	Birth-place		
Married, Single or Widowed					
Name of Wife or Husband	Mary Reese				
Father's Name	Charles Reese			Father's Birthplace	Long Kent
Mother's Maiden Name	Mary Reese			Mother's Birthplace	Cr. Md Worcester
Name of person giving Information	Mary Reese			How related to deceased	Mother

CAUSES OF DEATH

Primary

Convulsions

How long

3 months

Immediate

How long

6 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes.
Snowville

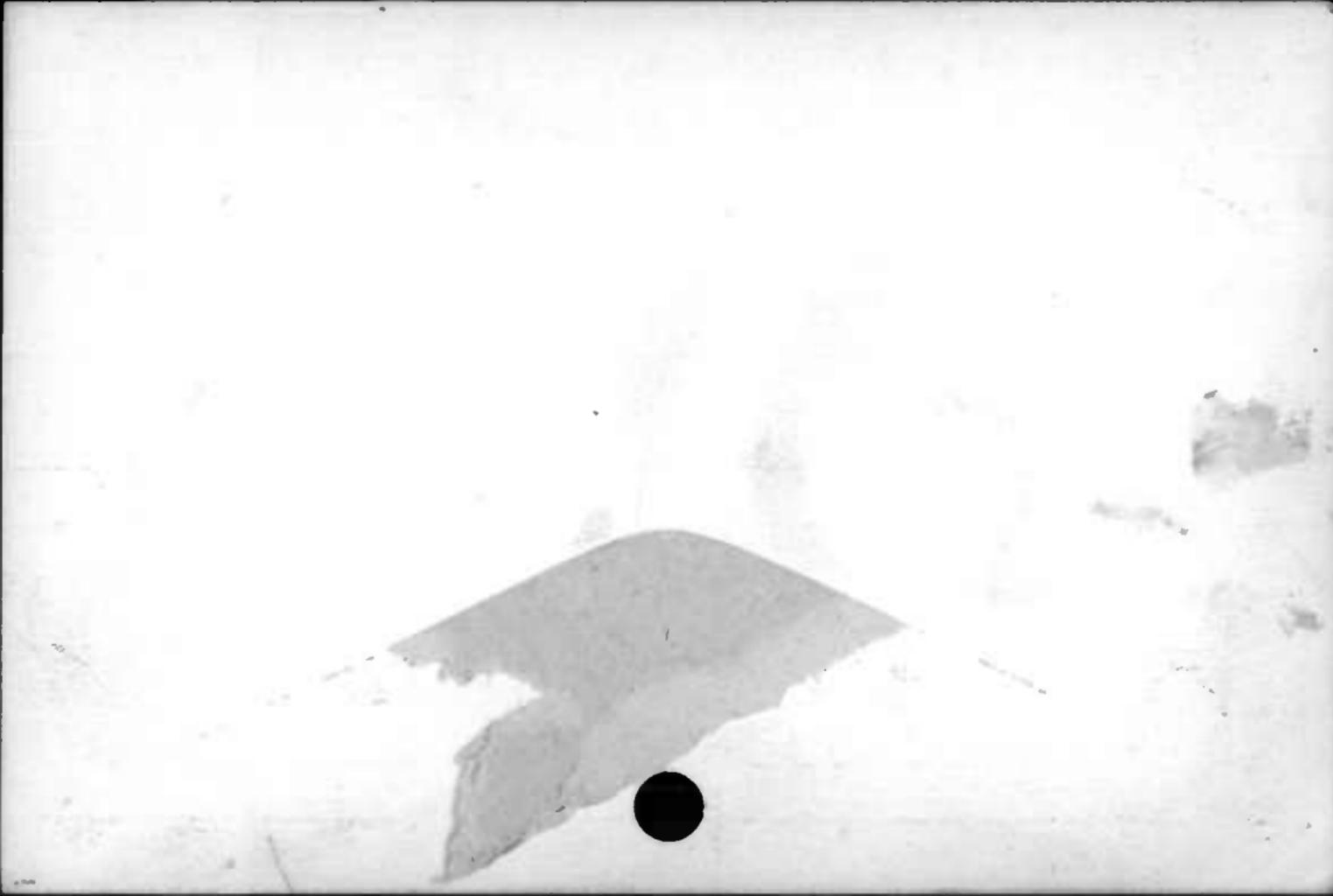
William & William

Worcester
Maryland

Accident or Suicide?

County

PHYSICIAN
OR CORONER



Name
in
Full

John P. Silby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			
Died at	Groton	Worcester			
Date of death 1903	Month Sept	Day 5	Years 61	Months 10	Days 20
Sex male	Color or Race white	Occupation	Birth-place End		
Married, Single or Widowed	Maiden	maiden			
Name of Wife or Husband					
Father's Name	John Silby	Father's Birthplace			
Mother's Maiden Name	Marguerite Silby	Mother's Birthplace			
Name of person giving Information	C. Rowley	How related to deceased	Son-in-law		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

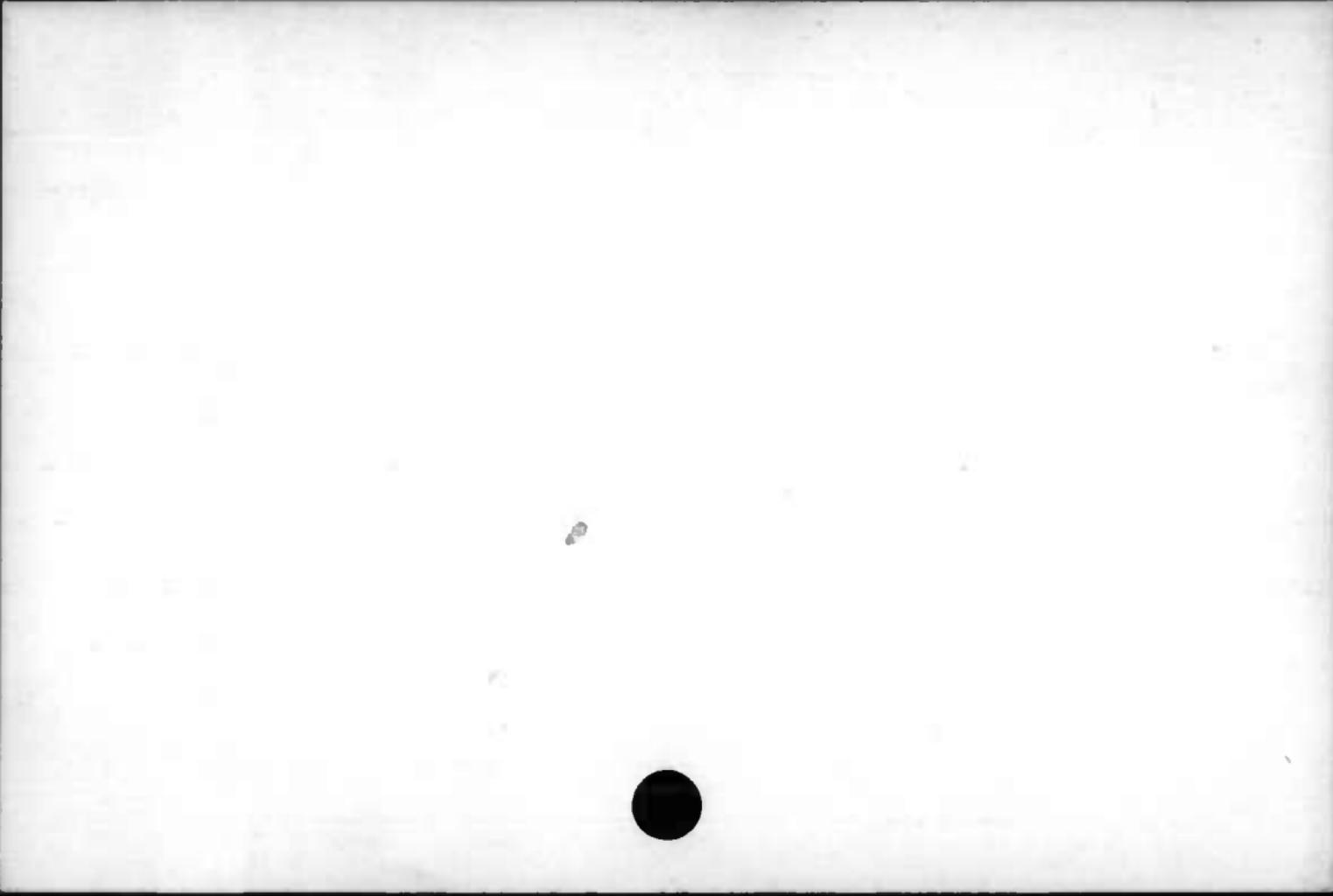
Primary	Pneumonia	How long	1 yr.
Immediate	Heart failure	How long	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Edward Shawell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Berlin</u>		Town.		County <u>Dorchester</u>		MARYLAND	
Date of death 190	3	Month <u>Sept</u>	Day <u>12</u>	Age <u>26</u>	Years	Months	Days
Sex <u>male</u>	Color or Race <u>Black</u>	Occupation <u>Single</u>				Birth-place	
<u>Married, Single or Widower</u>							
Name of Wife or Husband							
Father's Name <u>Kid Johnson</u>						Father's Birthplace	
Mother's Maiden Name <u>Saffie Shaevee</u>						Mother's Birthplace	
Name of person giving information <u>Bury Brittingham</u>						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

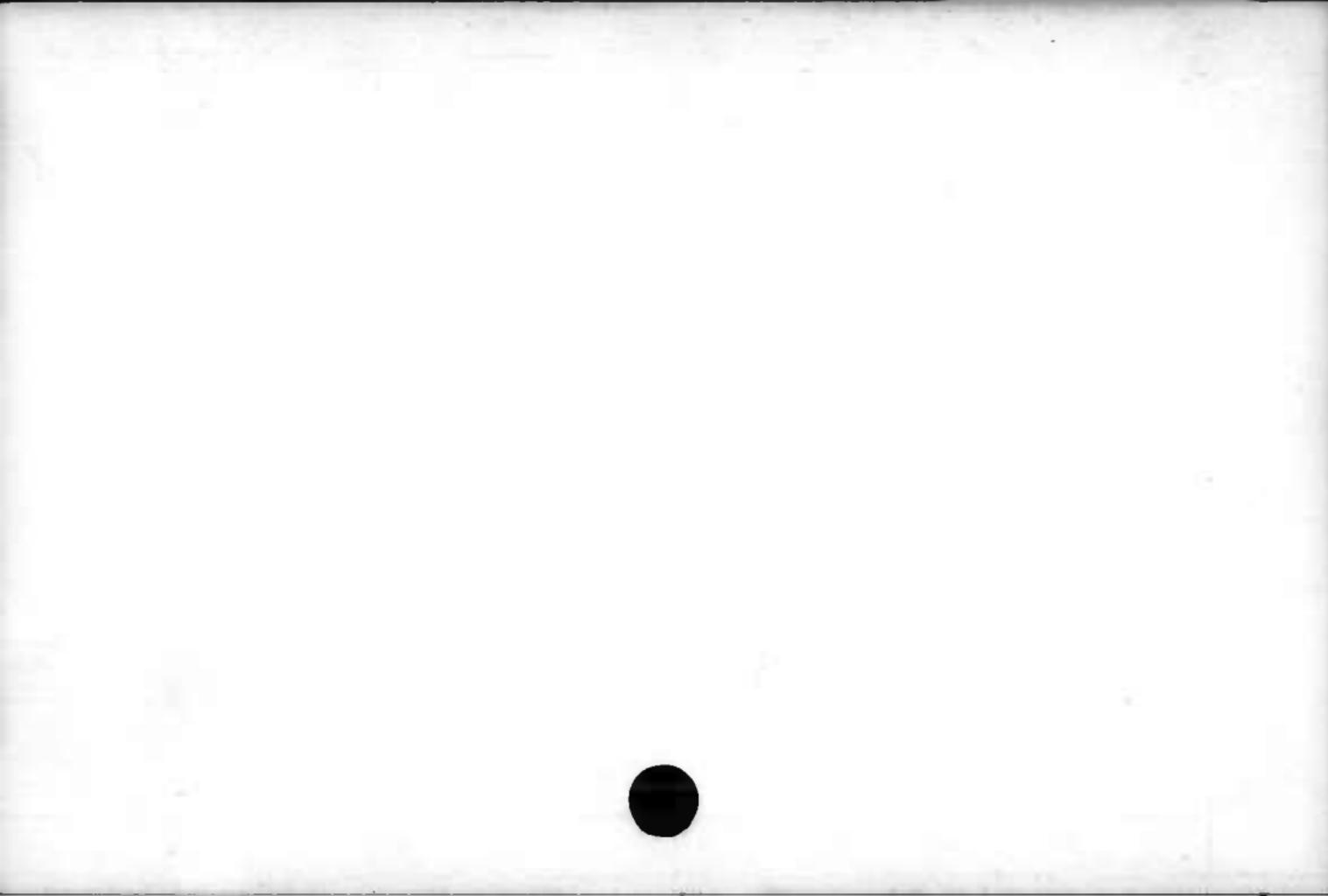
Signature of Physician

Address

No Physician

Le J Evans & Son
Wilmington

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Dugout

Town
Berlin

County
Hancock

CERTIFICATE OF DEATH

MARYLAND

Died at

Date
of death 190

Month
Sept

Day
25

Age

Months

Days

5-

Sex
Male

Color or
Race

Black

Birth-
place

Berlin

Married, Single,
or Widowed

Occupation

Name of Wife or
Husband

Father's
Name

Mother's
Maiden Name

Name of person giving
Information

Elijah Shewell

Sippie Shewell

Leda Florkin

Father's
Birthplace

Mother's
Birthplace

How related
to deceased

Berlin

Berlin

Berlin

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

No Doctor

How long

Immediate

How long

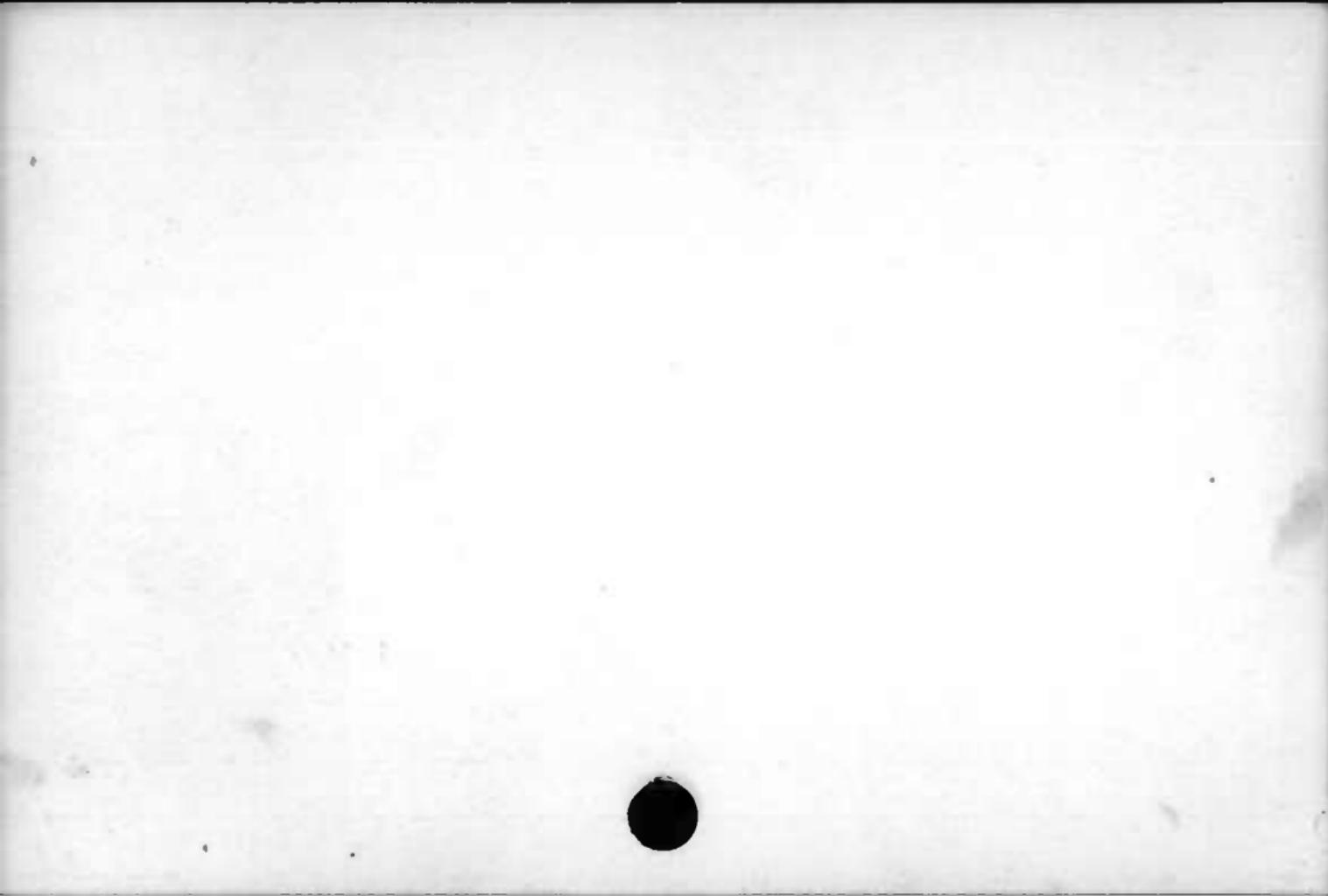
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Edward J. Son
Wundertakers

Accident or Suicide?



Name
in
Full

Mary. L. Shorrell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town
Died at Neder Jones

County

worcester

MARYLAND

Date
of death 1903 Sept - 18

Day

Years

Months

Days

Age 4

Sex Female

Color or
Race

Black

Birth-
place

Shorrells

Married, Single
or Widowed

Occupation

19

Name of Wife or
Husband

Father's
Name

Jos. L. Mumford

Father's
Birthplace

Shorrells

Mother's
Maiden Name

Louise. Shorrell

Mother's
Birthplace

Shorrells

Name of person giving
Information

Frank R. Smith

How related
to deceased

—

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary How long

Immediate How long

Are the name, age, sex, color, date
and place correctly given above?

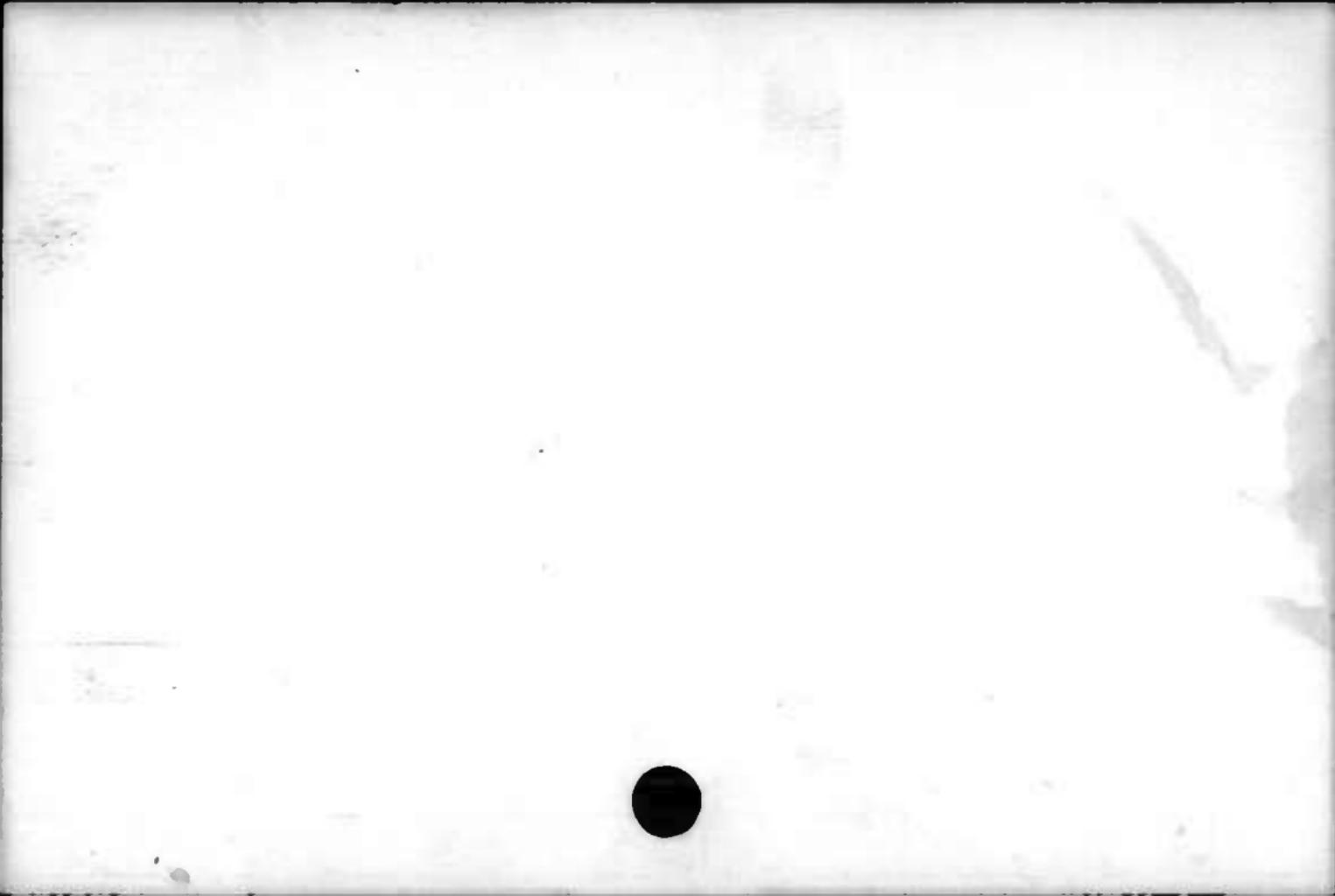
Signature of
Physician

Address

J. F. Evans & Sons

Accident or Suicide?

Wundtaker



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County	
Date of death 1903	Month Sept	Day	Years	Months
Sex male	Color or Race	Age 81	Days	128
Occupation		Birth-place	End	
Married, Single or Widowed				
Name of Wife or Husband				
Father's Name		Robert Townsend		
Mother's Maiden Name		Maggie Townsend		
Name of person giving information		Maggie Townsend		

Father's Birthplace

Mother's Birthplace

How related to deceased

End
End
End
Mother

CAUSES OF DEATH

Primary

Consumption

How long

18 months

How long

Immediate

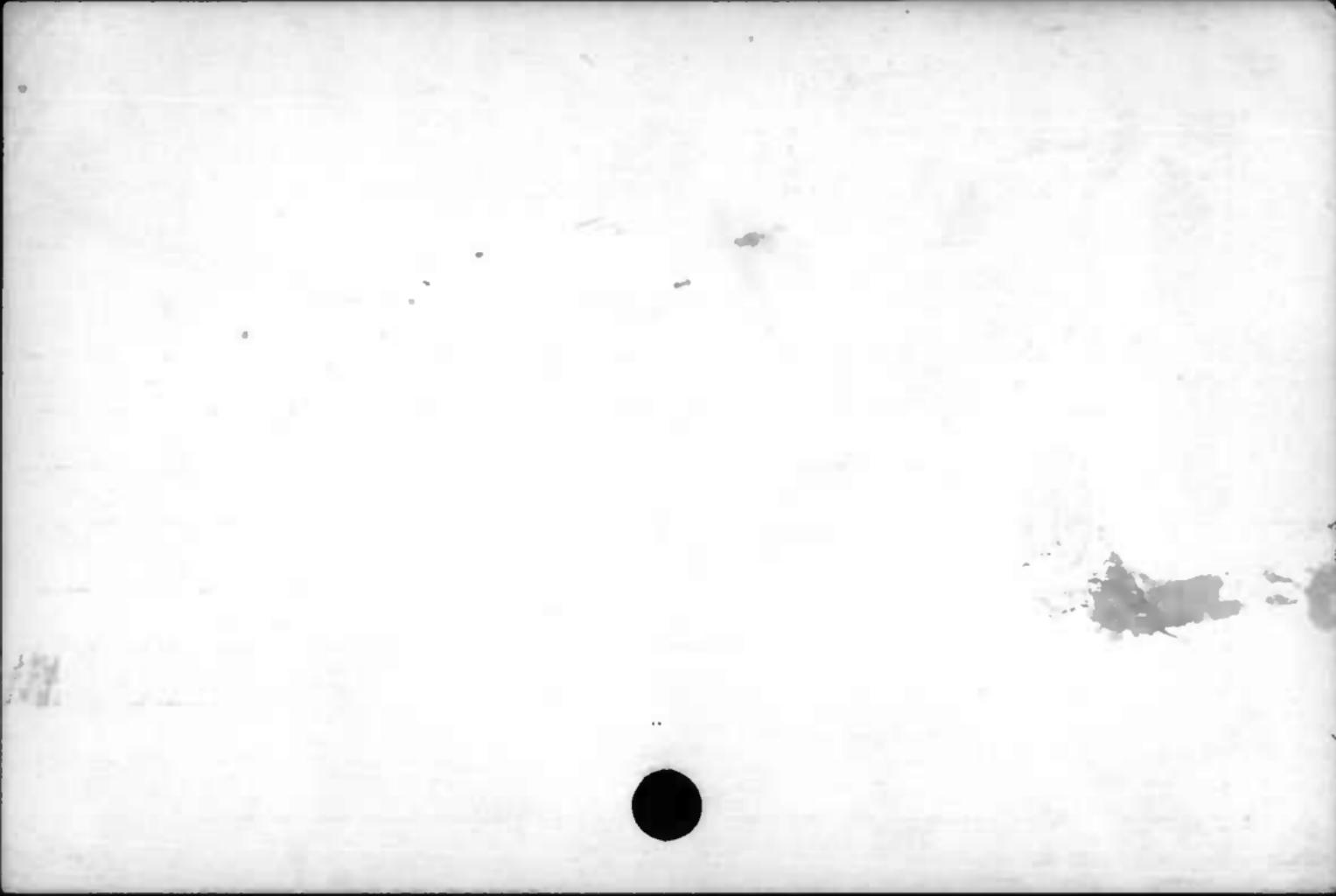
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

[Redacted]
Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Maddeline Tull

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Stockton	Monocacy	Months	Days
Date of death 190	Month	Day	Years	
3	9	27	Age	6
Sex	Color or Race	179		
Married, Single or Widowed	Occupation			
Name of Wife or Husband				
Father's Name	P.W. Tull	Father's Birthplace	Stockton ^{md}	
Mother's Maiden Name	Mary Stanley	Mother's Birthplace	Stockton ^{md}	
Name of person giving Information	P.W. Tull	How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Common sickness

How long

Immediate

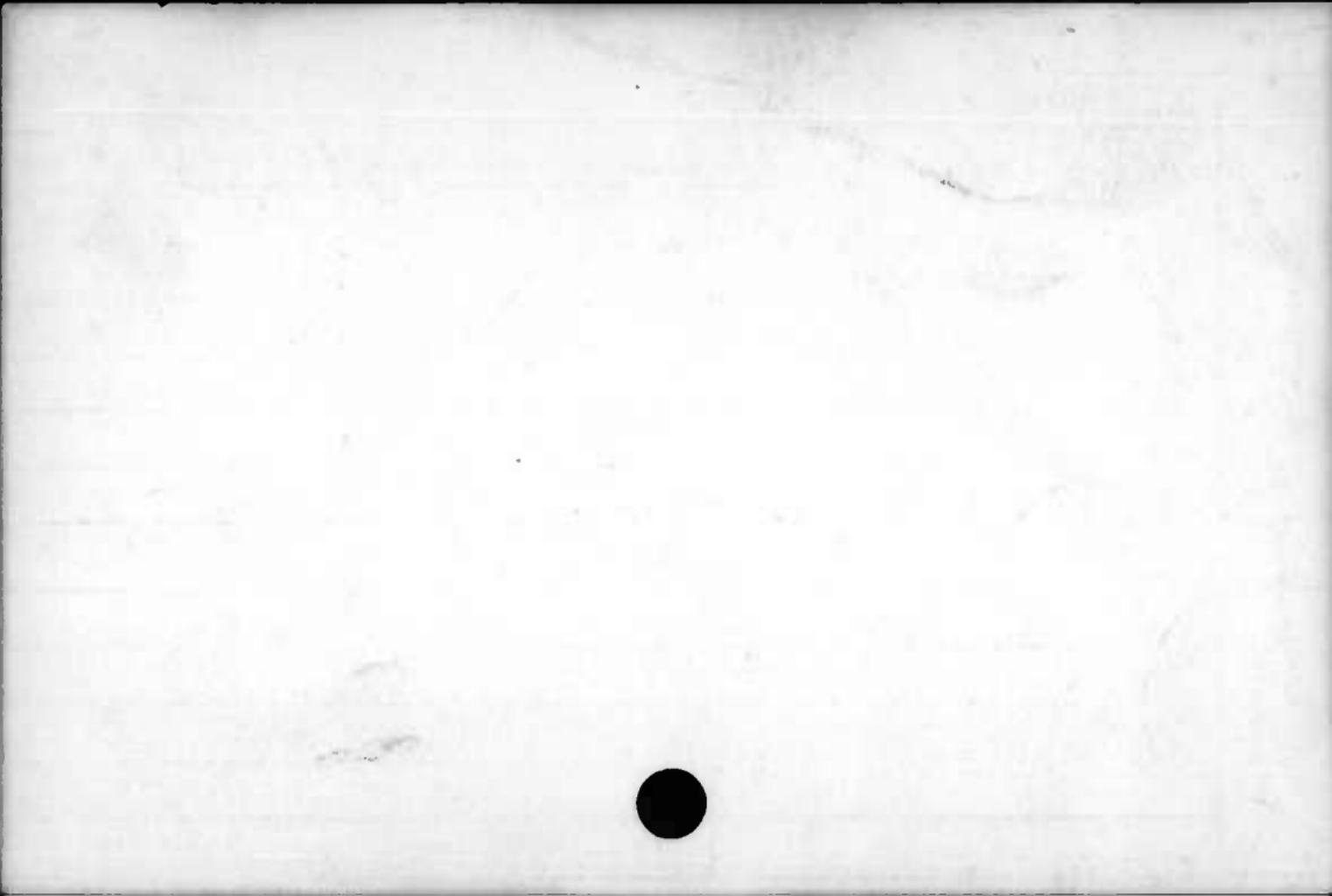
How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

[Redacted]
Address

Accident or Suicide?



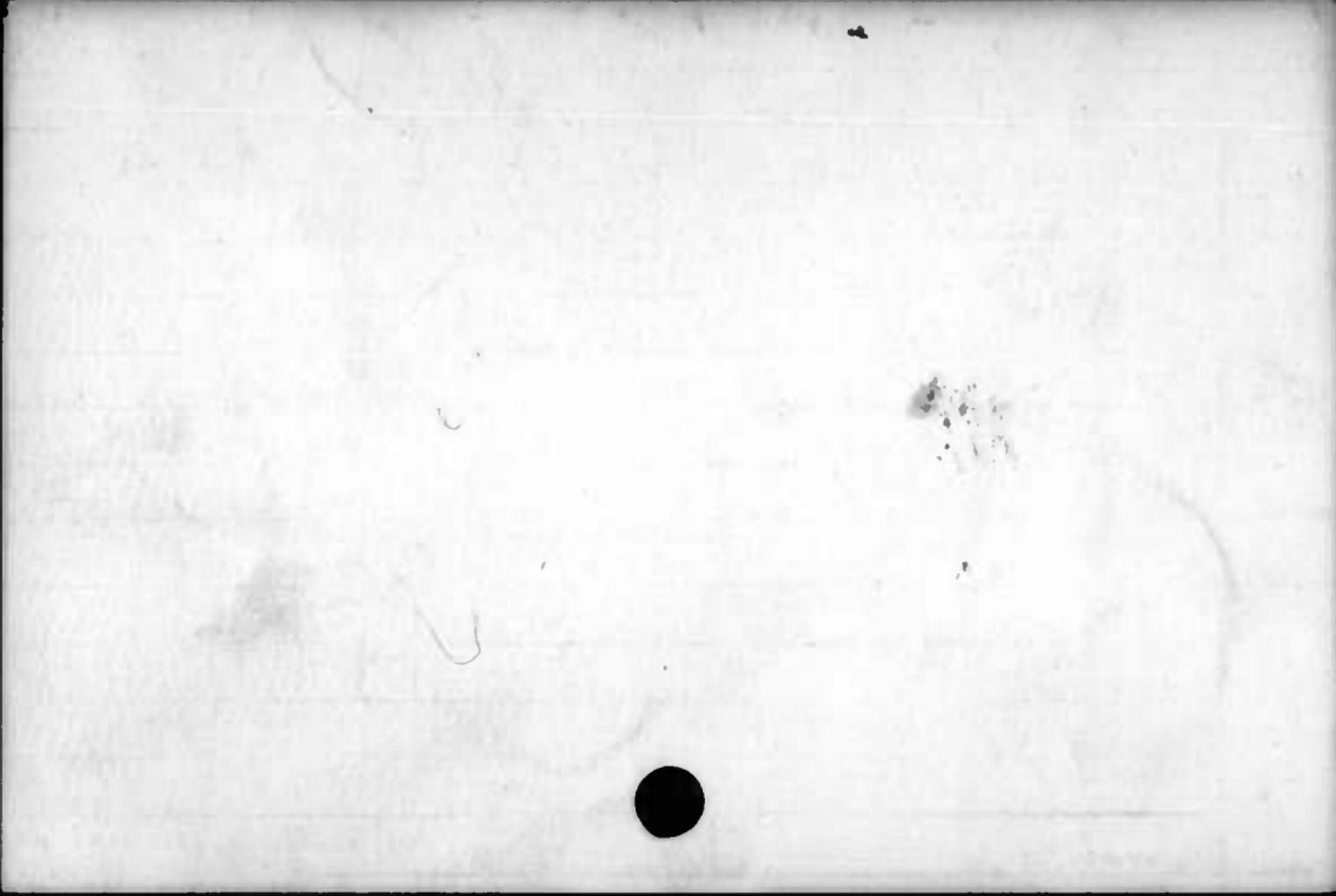
Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

						CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days		
Sex Female	Color or Race	Age two months		Birth-place Stockton			
Married, Single or Widowed	Occupation						
Name of Wife or Husband							
Father's Name	Dr. G. L. Tull			Father's Birthplace	Maryland		
Mother's Maiden Name	Mary A. Tull			Mother's Birthplace	Maryland		
Name of person giving information	P.W. Tull			How related to deceased	Father		

CAUSES OF DEATH

Primary	Heart Failure		How long	4 days
Immediate	Heart Failure		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	P.W. Tull	
		Address	Stockton Md.	
Accident or Suicide?				



Name
in
Full

Alice M. Ward

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Pocomoke City		County Worcester		MARYLAND	
Date of death 1903	Month 9	Day 18	Years Age 4	Months 8	Days
Sex Female	Color or Race white	Birth-place Pocomoke			
Married, Single or Widowed Single	Occupation none				
Name of Wife or Husband	b4				
Father's Name James E. Ward	Father's Birthplace VA				
Mother's Maiden Name Mary White	Mother's Birthplace MD				
Name of person giving information Jesse E. Ward	How related to deceased father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary **Congestion of brain** How long **10 days**

Immediate **Coma + heart failure** How long **6 days**

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician **J.W. Willis**

Address

Pocomoke City, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death 1903	Month 9	Day 7	Age —	Years —	Months 2
Sex	Color or Race	Dark			Days —
Married, Single or Widowed	Occupation				
Name of Wife or Husband	—	—			
Father's Name	James Wise	Md			
Mother's Maiden Name	Hannah Ross	Va			
Name of person giving Information	James Wise	Father			

CAUSES OF DEATH

Primary

Heart Failure

How long

meat

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Accident or Suicide?

175